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	n this information to identify your ca					•			
Debt	tor 1 James R. Du	ck, Jr.			-				
Debt (Spou	tor 2 Diane T. Duc	k			-				
Unite	ed States Bankruptcy Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA		_				
Case	e number 17-13897				Che	eck if this is:			
(If kn	own)	1 .			An amended filing				
<u></u>							nt showing postpetition s of the following date:		
<u>Of</u>	ficial Form 106l					MM / DD/ YY	<del>//Y/</del>		
Sc	hedule I: Your Inco	ome						12/15	
enoi	olying correct information. If you use. If you are separated and you that a separate sheet to this form.  Describe Employment	r snouse is not filing wi	th vou. do not include i	nforn	nation abo	ut vour spoi	use. If more space is	needed,	
1.	Fill in your employment information.	Debtor 1	Debtor 1			Debtor 2 or non-filling spouse			
	If you have more than one job,	Employment status	■ Employed		■ Employed				
	attach a separate page with information about additional employers.	Employment status	☐ Not employed			☐ Not employed			
		Occupation	Licensed Practical Nurse			Associate			
	Include part-time, seasonal, or self-employed work.	Employer's name	Bayada Home Health Care			Amazon			
	Occupation may include student or homemaker, if it applies.	Employer's address	580 Middletown Blvd. Suite D-150 Langhorne, PA 19047			202 Westlake Avenue N Seattle, WA 98109			
		How long employed t	here?			_ <u>1</u>	Month	·	
Par	t 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to repo	ort for	any line, w	rite \$0 in the	space. Include your no	on-filing	
If yo	u or your non-filing spouse have m e space, attach a separate sheet to	ore than one employer, co this form.	ombine the information fo	or all e	mployers t	for that perso	n on the lines below. If	you need	
						Debtor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (b calculate what the month	efore all payroll ly wage would be	2.	\$	5,177.42	\$2,339.28		
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$ 0.00	_ _ <b>_</b>	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$5	5,177.42	\$\$		

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Debtor 1 Debtor 2		Diane T. Duck			Case number (if known)		17-13897			
	_			For	Debtor 1	nor	Debtor 2 or -filing spouse			
	Cop	y line 4 here	4.	\$	5,177.42	\$	2,339.28			
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,066.95	\$_	352.47			
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00			
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00			
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00			
	5e.	Insurance	5e.	\$	867.62	\$	215.54			
	5f.	Domestic support obligations ·	5f.	\$	0.00	\$	0.00			
	5g.	Union dues	5g.	\$	0.00	\$	0.00			
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$ _	0.00			
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	1,934.57	\$	568.01			
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,242.85	\$	1,771.27			
8.		all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		·	0,2-72.100	-	1,111.001			
		monthly net income.	8a.	\$	0.00	\$	0.00			
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00			
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		•		\$				
	8d.	Unemployment compensation	8d.	ψ	0.00	\$ 	0.00			
	8e.	Social Security	8e.	φ <sub>—</sub>	0.00	\$	0.00			
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$	0.00	\$ \$	0.00			
1	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00			
i	Bh.	Other monthly income. Specify: 2016 Proportionate Tax Refund	8h.+	\$	115.30	+ \$	0.00			
9. ,	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	115.30	\$_	0.00			
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$	.3	3,358.15 + \$	1.7	771.27 = \$ 5,129.42			
,	Add:	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					0,120,12			
   	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00									
1	<b>Add</b> Write appli	the amount in the last column of line 10 to the amount in line 11. The rest that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain</i> es	ult is the n <i>Liabil</i> i	e comi ities ar	oined monthly ir nd Related <i>Dat</i> a	icome. , if it	12. \$ <b>5,129.42</b>			
							Combined monthly income			
13. I	Doy ■	ou expect an increase or decrease within the year after you file this form?  No.								
1		Yes. Explain:			*****	·				